8300 Greensboro Dr. Suite 1200 Tysons, VA 22102 (703) 584-8678 WWW.FCCLAW.COM



June 29, 2018

VIA HAND DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Accepted / Filed

JUN 292018

Federal Communications Commission
Office of the Secretary

Re: WT Docket No. 10-208

Texas 10, LLC

FCC Form 690 Mobility Fund Phase I Annual Report

SAC(s): 448002, 448006, 448007, 448008, 448009, 448010, 448011,

448012, 448013, 448014, 448015, 448016, 448017, 448018, 448019,

448020, 448022, 448023, 448024, 448025, 448026, 448028, 448029,

448030, 448031, 448032, 448033, 448034, 448035, 448036, 448037,

448038, 448039, 448040, 448041, and 448042

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by Texas 10, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,

Todd Slamowit

Attachments

No. of Copies rec'd UList ABCDE

			FCC Form
			Approved by OMB
Mobility			OMB 3060-1185
Phase 1 -	§54.1009 Annual Reporting		Avg. Burden Estimate per Respondent: 18 Hours
Data Col	ection Form		
<010>	Study Area Code	448002	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2018
<035>		6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>		cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(<u>Y/N)</u> <040>
	<042> Cite the Study Area Code (SAC) for the Fo		<042>
<080>	• Tribal Lands Reporting (γ/n?) (Does this study area co	over tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
	Ci di Assa Codo		448002	
<010>	Study Area Code		Texas 10, LLC	
<015> <020>	Study Area Name Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		7235110		
		exas 10, LLC		
<111>	Timing Control North			
<112>	William B States Santas	exas 10, LLC	ed Suite 600	
<113>	J. (C. () () () () () () ()	00 West Valley Ros	ad, Builte 000	
<114>	City	ayne		
<115>	State	Α		
<116>	Zip-Code 1:	9087		
<117>	Telephone Number 6	105356474 ext.		
<118>	Fax Number 6	106885209		
<119>		strausbaugh@cello	nenation com	
	_			
Contact li	nformation			
Contacti	if same as above, indicate in this box			
<120>		had Strausbaugh		
<121>		exas 10, LLC		
	Timb control trains	On West Valley Ro	ed Suite 600	
<122>				
<123>		ayne		
<124>	State P.	Α		
<125>	Zip-Code <u>1</u>	9087		
<126>	Telephone Number	105356474 ext.		
<127>	Fax Number 6	106885209		
<128>	Email Address	strausbaugh@cello	nenation.com	
	-			
Authoriz	ed Agent Information			
MULITOTIZ	if no agent, indicate in this box			
<130>				
<131>	·			
<132>	•			
<133>				
<134>				
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Cov	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448002	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448002_CPRd	_TX.zip	

Coverage and Performace attachments

Percentage of Total Population Reached by

Service

		I	Resident Population per	Resident Population Newly Reached	Total Resident Population Reached by	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance d is uploaded (Yes/no)
State_	County		Census Block	by Service	Service	Block	Reached	Block	
			;	See attach	ed works	heet	-		
					 				
-									

Percentage of Total

Road Miles covered by Service

(070) Urban Rate Comparability Certification Compliance Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
--

		448002
<010>	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
10302	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
_<035>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person identified in data into	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		ployee as to Compliance with 47 CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
ame of Reporting Carrier: Texa	is 10, LLC			
ignature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018		
rinted name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
to Assa Code of Poporting Carrier	448002	Filing Due Date for this form: 07/02/2018 fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonness of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the authorized agent; and, to the best of my knowledge, the rep	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the outs and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
T. I. C. Comies	Filing Due Date for this form:
Persons willfully making false statements on this form can b	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	: Filing Due Date for this form:
Study Area Code of Reporting Carrier:	Filing Due Date for this form.
this form can b	pe punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

80) Triba	I Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
	Shorth Assa Code		448002	
<010>	Study Area Code		Texas 10, LLC	
<015>	Study Area Name		2018	
<020>	Program Year Contact Name - Person USAC should contact regarding this da	ta	Chad Strausbaugh	
<030>	Contact Name - Person USAC Stiduld Contact Tegarding this da Contact Telephone Number - Number of person identified in c	lata line <030>	6105356474 ext.	
<035>	Contact Telephone Number - Number of person identified in	data line <030>	cstrausbaugh@cellonenation.com	
<039> <142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves	<u> </u>		
<145>		ne of Attached Docur	nent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Neach of these boxes to confirm the status described on the a PDF, on line 145, demonstrates coordination with the Tribal	ittached	yr	

government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project (Jpdate Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
-0105	Study Area Code	448002
<010>	Study Area Code Study Area Name	Texas 10, LLC
<015>	Program Year	2018
<020>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<030>	Contact Talenbane Number - Number of person identified in data line <030>	6105356474 ext.
<035> <039>	Contact Telephone Number of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	99997.24
<203>	Total Mobility Fund Support Disbursed	96005.30
<210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448002_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	\
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	- '-
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	\
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

FCC Form 690
1/101) Certification - Reporting Carrier
Approved by OMB
OMB Control No. 3060-1185
OWR COULD NO. 2000-1102
Page 7 of 8
1.00-1.1

<010>	Study Area Code	448002
<015>	Study Area Code Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Fenel Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the person of the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and, to the reporting requirements for Mobility Fund recipients; and the recipients for mobility Fund reci					
lame of Reporting Carrier: Texas 10, LLC					
ignature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018				
rinted name of Authorized Officer: Chad Strausbaugh					
itle or position of Authorized Officer:					
elephone number of Authorized Officer: 6105356474 ext.					
tudy Area Code of Reporting Carrier: 448002	Filing Due Date for this form: 07/02/2018				

(102) Certification - Agent / Carrier	A 6	CC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	is authorized to submit the information reported on behalf of the reporting carrier. I sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized vided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte				
Name of Reporting Carrier:	11.0				
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent	t				
Telephone number of Authorized Agent or Employee of Ag	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form o	can be punished by fine or forfeiture under the Communications Act of 193- 18 of the United States Code, 18 U.S.C. § 1001.	4, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

Attachments

(060) Co	overage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Percentage of

Total Population Reached by Service

Coverage and Performance Report Year

<035>

<039>

<140>

<141>

6105356474 ext.

08/2017 - 07/2018

cstrausbaugh@cellonenation.com

<a2> <a3> <b1> <b2> <b2> <c1> <c2> <c2> <c3> <d>< Certify that **Total Road** Coverage and Resident **Road Miles Total Resident** Miles Performacne per Census Road Miles Population Population Resident covered per data is uploaded Newly Reached per Census Block Newly Reached by Population per **Census Block** (yes/no) by Service Reached Block State County Census Block Census Block Service Anderson 0000 Yes 0 0.0 TX 0.0 0.0

Percentage of Total Road Miles covered

by Service

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448002

County/State: Anderson, TX
Total Award Amount: \$99,997.24

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility			FCC Form Approved by OMB
l	· §54.1009 Annual Reporting lection Form		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
Data Coi	ector rom		
<010>	Study Area Code	448006	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
C.Sr.Ckines			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (\	<u>(/N)</u> <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carr	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448006	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad. Suite 600	
		Wayne		
<114>	City			
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation.com	
<120> <121> <122> <123> <124> <125> <126> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 900 West Valley Roa Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellor		
Authorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>				
<135>				
<136>	·			
<137>			7	<u> </u>
<138>				

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448006	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	

6105356474 ext.

cstrausbaugh@cellonenation.com

<140> Coverage and Performance Report Year 08/2017 - 07/2018

448006_CPRd_TX.zip

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Coverage and Performace attachments

Service

<035>

<039>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	 Resident	<b3> Total Resident</b3>	<c1> Road Miles</c1>	Road Miles per Census	Total Road Miles	Certify that Coverage an Performanc
			Resident	Population	Population	per	Block	per	is uploaded
			Population per	Newly Reached	Reached by	Census	Newly	Census	(Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	-
						_	<u> </u>	<u> </u>	
							ļ		
	ļ	<u>.</u>	;	ee attach	<u>ea works</u>	neet_		<u> </u>	
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				 	 		<u> </u>	 	
	1					-			
	-	<u> </u>			-		 		
		<u> </u>		<u> </u>					
	.l			L		J	l		
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			0				0	1	
	Percent	age of Total			Percentage	of Total			
		n Reached hy			Road Miles	overed			

by Service

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	(070) Urban Rate Comparability Certification Compliance	Approved by OMB OMB Control No. 3060-1185
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<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4))
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh		
Fitle or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448006	Filing Due Date for this form: 07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting		
carrier. I also certify that I am an officer or employee of the r	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the		
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

ile Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
ubmit the certification on behalf of the reporting carrier; I have provided the data reported herein based on ledge, the information reported herein is accurate.
Date:
Filing Due Date for this form:
ı

ubuj iliba	Lands Reporting			FCC Form 690
				Approved by OM8 OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448006	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the	is data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	d in data line <030>	cstrausbauqh@cellonenation.com	
		-		
<142>	State _			
<143>	County			
	Taibal (and /a) on which ETC Copyes			
<144>	Tribal Land(s) on which ETC Serves			
	· ·			
.4	Tribal Covernment Engagement Obligation			
	Tribal Government Engagement Obligation	Name of Attached Docum	pent (ndf)	
<145>				

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	221824.08
<203>	Total Mobility Fund Support Disbursed	221469.16
<210>	Actual Completion Date	07/27/2015
<211>	Project Status Description (attached)	448006_PSD_TX.pdf
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	1
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G O 4G

FCC Form 690	
(101) Certification - Reporting Carrier Approved by ON	AR
OMB Control No	
Page 7 of 8	. 5000 1205
rage/ u.o.	se severe constructor ma

<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of C	Officer as to the Accuracy of	the Data Reported for Mobility Fund Recipients
certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:	10, LLC	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Office	r: 6105356474 ext.	
Study Area Code of Reporting Carrier:	448006	Filing Due Date for this form: 07/02/2018
Persons willfully making false state	ments on this form can be punished under Tii	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment tle 18 of the United States Code, 18 U.S.C. § 1001.

06/28/2018 Page 7

	LANCE CONTRACTOR OF THE PROPERTY OF
(102) Certification - Agent / Carrier FCC Form 690	
	THE BEST OF THE SECTION OF THE SECTION OF
Approved by OMB	55 C. Sec. 860 C. DA 680 C. C. S.
Applicated by Oking	
	48 (48 (47 CA SA CA
OMB Control No. 306	MF13X5
	可能性 能力(を必要され、単大は、まず、大利、十二
Page 8 of 8	경험 경기 회원 학생들이 되어 있어. 그는 경우 시네다.
一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、	AND A REPORT OF THE PROPERTY O

<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cgt zaughaugh@cellonenation_com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

ertify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carrier so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:	1.77.13.400			
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf	of Reporting Carrier
	orized to submit the reports for Mobility Fund recipients on carrier; and, to the best of my knowledge, the information	
Name of Reporting Carrier:	- touristic at 4 90000	
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	rt	
elephone number of Authorized Agent or Employee of A	gent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>		08/2017 - 07/2018

<c3> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <u><d></u> Certify that Total Road Coverage and **Road Miles** Miles Resident **Total Resident** Performacne Population per Census Road Miles covered per Population Resident data is uploaded Block Newly Census Block **Newly Reached** Reached by per Census Population per (yes/no) Reached by Service Block Census Block Census Block Service County Angelina State 0000 Yes 0.0 0.0 0 0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448006

County/State: Angelina, TX

Total Award Amount: \$221,824.08

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
				Approved by OMB
Mobility				OMB 3060-1185
	§54.1009 Annual Reporting		Avg. Burder	Estimate per Respondent: 18 Hours
Data Col	ection Form			
<010\	Study Area Code	448007		
	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018	A	copted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fede	ral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		Onice of the General
100000000000000000000000000000000000000				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<040>	•
\040 2	nas are invertible.			
	<041> Attach a description of the documents fi	led with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
	Cot the steet price course, and			
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	over tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
		3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	18	
<010>	Study Area Code		448007	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this	S data Lin data line <030>	Chad Strausbaugh 6105356474 ext.	
<035>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
<039>				
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number <u>1</u>	7235110		
<111>	Filing Carrier Name	exas 10, LLC		
<112>		exas 10, LLC		
<113>		000 West Valley Ro	ad, Suite 600	
<114>	_	Vayne		
<115>				
	State	19087		
<116>	Zip code			
<117>	-	6105356474 ext.		
<118>	_	6106885209		
<119>	Email Address	cstrausbaugh@cellonenation.com		
<120> <121>	· · · ·	Chad Strausbaugh		
<122>		000 West Valley Ro	ad. Suite 600	
<123>		Nayne		
	· ·	PA		
<124>	-			
<125>	- '	19087		
<126>	-	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellc	nenation.com	
Authoriz	ed Agent Information			
Adenonia	if no agent, indicate in this box			
<130>				
<131>				
<132>				
<133>				
<134>				
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	-	. <u> </u>		

(060) Cov	rerage and Performance Report		Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448007	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		

	448007_CPRd_TX.zip
Coverage and Performace attachments	

<d> <c1> <c2> <c3> <a3> <b2> <b3> <b1> <a1> <141> Total Certify that Road Road Miles Coverage and Miles per Road Total Resident | Miles Performance data Census covered Resident is uploaded per Population Block per Resident Population (Yes/no) Newly Census Newly Reached Reached by Census Population per Reached Block Block Census Block Census Block Service by Service State County -- \$ee attached worksheet Percentage of Total Percentage of Total

Road Miles covered

by Service

Population Reached by

Service

Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	OMB Control No. 3060-1185	5
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<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			to the state of th
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.	0.100		
Study Area Code of Reporting Carrier:	448007	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the rep	rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can b	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen	t:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448007	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding thi	s data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
<142> <143>	County			<u></u>
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	nent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
∠1E4\	Compliance with Tribal Business and Licensing requirements.	

(090) Project	: Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	52800.00
<203>	Total Mobility Fund Support Disbursed	52319.52
<210> <211>	Actual Completion Date Project Status Description (attached)	07/15/2015 448007_PSD_TX.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

.

(101) Certification - Reporting Carrier	CC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients		
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2018	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448007	Filing Due Date for this form: 07/02/2018	
Persons willfully making false statements on this form can be puni	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.	

(102) Certification - Agent / Carrier FCC Form 69 Approved by OMB Contro	3~4000 전 1000 MBB : LAST 1000 1000 1000
Page 8 of 8	

<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	to File for Mobility Fund Recipients on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorize eported herein based on data provided by the reporting carri	d to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data er; and, to the best of my knowledge, the information reported herein is accurate.
lame of Reporting Carrier:	
lame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
Jame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

																				ır						
״.	70	58		- 7	σ.	20	-5	15-	60	•	370	933	73.5	 132	100	9.5	M.	æ	21		-37	ರಸ್ತ		×.	-71	v.

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448007
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1> <a2> <a3> <b1> <b2> <b3> <<c1> <c2> <c2> <c3> <b3> < Certify that **Total Road** Coverage and **Road Miles** Resident Total Resident Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Newly Reached by Service per Census Population per Reached by **Block Newly** Census Block (yes/no) Census Block Census Block Reached County Angelina Block Service State 0000 Yes 0.0 ТX 0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448007

County/State: Angelina, TX

Total Award Amount: \$52,800.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility			FCC Form Approved by OMB
4	- §54.1009 Annual Reporting Hection Form		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
Data Co	nection Form		Avg. burden Estimate per nespondent. 10 nouis
<010>	Study Area Code	448008	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	Office of the Secretary
<040>	Has the information required pursuant to §54.1009 l	been provided with a Form 481 filing (Y/N)	1 <040> (
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands 2 Var. or No.)	\sim

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
		448008	
<010>	Study Area Code	Texas 10, LLC	
<015>	Study Area Name	2018	
<u><020></u> <030>	Program Year Contact Name - Person USAC should contact regarding thi		
<035>	Contact Telephone Number - Number of person identified	in data line <030> 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	In data line <030> cstrausbaugh@cellonenation.com	
Panarting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>		7235110	
	T CO TICE DATE OF THE TICE OF	exas 10, LLC	
<111>	Timb carrier rame		
<112>		exas 10, LLC 00 West Valley Road, Suite 600	
<113>	Street Address (or 1 o bon)		
<114>	City _	ayne	
<115>	State	A	
<116>	Zip-Code	9087	
<117>	Telephone Number	105356474 ext.	
<118>	Fax Number	5106885209	
<119>	Email Address	estrausbaugh@cellonenation.com	
<120> <121> <122> <123> <124> <125> <126> <127> <126> <127>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	thad Strausbaugh Texas 10, LLC TOO West Valley Foad. Suite 600	
<130>			
<131>			
<132>			
<133>			
<134>			
<135>	·		
<136>	Telephone Number		
<137>	Fax Number		
	Email Address		

(060) Coverage and Performance	e Report		FCC Form 690 Ap proved by OMB
			OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448008_CPRd_TX.zip
Coverage and Performace attachments	

					·				
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			\$	See attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Page 4 of 8

<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

•	Certification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/203	.8
Printed name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
itudy Area Code of Reporting Carrier:	448008	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
arrier. I also certify that I am an officer or employee of the reporting o	arrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports and da	ita provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
gnature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
tle or position of Authorized Officer or Employee:	<u> </u>
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authoria data provided by the reporting carrier; and, to the best of m	t to submit the certification on behalf of the reporting carrier; I have provided the data reported herein knowledge, the information reported herein is accurate.	based or		
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agen	,			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Triba	l Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
Z0105	Study Area Code	448008	
<010>	Study Area Nome	Texas 10, LLC	
<015>	Study Area Name	2018	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data		
<039>	Contact Email Address - Email Address of person identified in data	line <030> cstrausbaugh@cellonenation.co	m
	Contact Email Madress Email Madress Specific		
<142>	State		
-1.435	Cause		
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
4	Till IC - second Engagement Obligation		
<145> Tribal Government Engagement Obligation Name of Attached Document (.pdf)		Street Document (ndf)	 1
	Name of A	(trachea Document (.paj)	
	If your company serves Tribal lands, please select (Yes, No, Not A	oplicable) for	
	each of these boxes to confirm the status described on the attach	ed	
	PDF, on line 145, demonstrates coordination with the Tribal		
	government pursuant to § 54.1004 includes:		
	Botelimient baradant to 3 a mader monaces		
		Select	
		(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focus on Tril	Dal	
	community anchor institutions;		
<147>	Feasibility and sustainability planning;		

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

<148>

<149>

<150>

<151>

<152>

<153>

<154>

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact relephone realises of person realises	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	253320.00
<203>	Total Mobility Fund Support Disbursed	247487.50
<210>	Actual Completion Date	08/06/2015
		448008_PSD_TX.pdf
<211>	Project Status Description (attached)	110000_100_1000
		İ
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	√
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	√
<217>	Project Plan Status	/
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
	The state of the s	, 08C v 01 O

<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
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<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Texas 10, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2018

Printed name of Authorized Officer: Chad Strausbaugh

Staff Counsel

Title or position of Authorized Officer: Staff Counsel

Telephone number of Authorized Officer: 6105356474 ext.

Study Area Code of Reporting Carrier: 448008 Filing Due Date for this form: 67/02/2018

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Page 8 of 8	(102) Certification - Agent / Carrier			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
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<010>	Study Area Code	448008
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)also certify that I am an officer of the reporting carrier; my	ilso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized igent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

· · · · · · · · · · · · · · · · · · ·				
Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:		,		
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Age				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	re punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonm 18 of the United States Code, 18 U.S.C. § 1001.	ent under Title		

Attachments

(060) Coverage and Performance Report

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448008
<015>		Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Miles Total Resident Performacne Resident per Census covered per Road Miles data is uploaded Population Population Resident Block Newly Census Block per Census Newly Reached by Service Population per Reached by (yes/no) Reached Census Block Service Block County Angelina Census Block State Yes 0000 0.0 0.0 0 0.0 ТX

Percentage of
Total Population
Reached by
Service

0	•	
		ļ

Percentage of Total Road Miles covered by Service

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448008

County/State: Angelina, TX

Total Award Amount: \$253,320.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

			FCC Form
Mobility			Approved by OMB
1	§54.1009 Annual Reporting		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
Data Col	lection Form		Avg. burden Estimate per Respondent. To Hours
<010>	Study Area Code	448009	
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2018	, 1000p10d , 1 110d
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
25.000 ARM			
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040> (
	<041> Attach a description of the documents file	nd with the Form 481 reporting	<041>
	Actacl a description of the documents inc	a with the Form 402 reporting	
	<042> Cite the Study Area Code (SAC) for the For	ANA nonewhite	<042>
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carri	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			And the second s	
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<039>_	Contact Email Address - Email Address of person identifie	d in data line <0302	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>		Texas 10, LLC		
<113>		900 West Valley Roa	ad, Suite 600	
		Wayne		
<114>	City .	PA		
<115>	State	19087		
<116>	2.p cooo			
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cello	nenation.com	
<120> <121> <122>	Filing Carrier Name	Chad Strausbaudh Texas 10, LLC	ad. Suite 600	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>		6105356474 ext.		
<127>	·	6106885209		
<128>	Email Address	cstrausbaugh@cello	nenation.com	
<120 <i>></i>	Elliali Address	Cattadabadgiiosatt		
	if no agent, indicate in this box			
<130>				
<131>				
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code .			
<136>				
<137				
<138		<u> </u>		
/130/	- Line, Address			

The second secon		A CONTRACTOR OF THE PROPERTY O	
[2017] : 2017년 전 1일 : 전 1일 : 1일 : 1일 : 1일 : 1일 : 1일 :	사용을 가장 없는 것이 있는 것이 없는 것이 없다. 그 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 그렇게 없	일본 하나보다가 되다면 없다고 하면 바람이 그 사람들은 수가 다른 사람이다.	3 (2) 전에 경향하면 되었다. (2) 보고 보고 1일, () 20 20 보고 보고 보고 1일 () 4 20 20 20 20 20 20 20 20 20 20 20 20 20
(060) Coverage and Performance Report		진존하는 시간에 가장하는 사람들은 사람들이 되었다. 그 없는 것이 없는 것이 없는 것이 없다.	FCC Form 690
(000) coverage and renormance neporc			
		요한 선생님이 나라를 보고하는데 그렇다는 생생은 나라 나를 들어 있다.	에 사용하다 하시 하시 아니라 하는 하지만 하는 그를 모르고 있다. 그는 그 사람이 하시다.
		경우들 사람이 없는 경기 뒤 먹었다는 그 아무리를 하는 것이 없는 생각하다.	Ap proved by OMB
	아이들은 사람들은 사람들이 되었다면 하는 것이 없는 것이 없는 사람들이 없는 것이 없는 것이 없는 것이 없다.	BROOK SANDERS SANDERS SANDERS SANDERS SANDER	사람은 어린 하면 하는 사람은 아이들이 있는 것이 되었다. 그는 사람들은 사람들이 되었다.
	한 어느리는 집 사람들이 아이는 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없다면 하는 것이 없다면 없다.		OMB Control No. 3060-1185
		하나는 사용하는 사용을 모르는 사용을 받는 것은 사용을 받는 것이다.	Civid Collifol No. 2000-1162
[1886 - 1877 - 1884 - 1885 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886	집에는 마음에 의견되는 아내는 아내는 아내는 사람들이 하는 동생들이 가는 생활을 가지 않는데 하는데 없었다.		위 경고, 경고, 전 : 10 : 10 : 10 : 10 : 10 : 10 : 10 :
		살림이 많아보는 뭐라고 하는 것은 소리를 들었다면서 그리는 계속 하나?	되어, 하늘 회에 가격되었다. 회사는 경독 그런 보다는 하나의 모양을 잃었다. 그 사람이 모습니다.
			Page 3 of 8
[20] - 시크 [20] 전에 발표를 받았는데 하는데 얼마나 되는데 그 사람들이 되었다.			1 486 3 01 0

<010>	Study Area Code	448009
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
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<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448009_CPRd_TX.zip	
Coverage and Performace attachments		

State	County	Census Błock	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
			(ee attach	ed works	neet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification	r Compliance	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 4 of 8

	<010>	Study Area Code	448009
_	<015>	Study Area Name	Texas 10, LLC
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C	Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.						
Name of Reporting Carrier: Texa	s 10, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh					
Title or position of Authorized Officer:	Staff Counsel					
elephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	448009	Filing Due Date for this form:	07/02/2018			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the repo authorized agent; and, to the best of my knowledge, the reports	Is authorized to submit the information reported on behalf of the reporting rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

	ile Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorized	ubmit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
ata provided by the reporting carrier; and, to the best of my k	ledge, the information reported herein is accurate.
ime of Reporting Carrier:	
nme of Authorized Agent Firm:	
gnature of Authorized Agent or Employee of Agent:	Date:
ame of Authorized Agent Employee:	
le or position of Authorized Agent or Employee of Agent	
lephone number of Authorized Agent or Employee of Agent:	
udy Area Code of Reporting Carrier:	Filing Due Date for this form:
lephone number of Authorized Agent or Employee of Agent:	Filing Due Date for this form:

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448009	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Chad Strausbaugh	, , , , , , , , , , , , , , , , , , ,
<035>	Contact Telephone Number - Number of person identified in data line <030>		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		cstrausbaugh@cellonenation.com	
<142>	State		·	
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	nt (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	